

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009436

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

(Primary Registration District No. 500

Registrar's No. 312

FILED FEB 23 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Normandy

OR
TOWN

Length of stay in 1b

2hrs.

c. FULL NAME OF (If NOT in hospital, give location)

Normandy Osteopathic Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY St. Louis

c. CITY

OR
TOWN

Overland (14)

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

3225 Edmundson Rd.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Oliver

Middle

Clyde

Last

Stauffer

4. DATE

OF
DEATH

Month

Jan

Day

20

Year

62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/24/04

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

Harvey Reece

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Stauffer

13b. MOTHER'S MAIDEN NAME

Amelia Menke

14. NAME OF HUSBAND OR WIFE

Flossie Stauffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Flossie Stauffer

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Arrest

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Myocardial Infarction

DUE TO (c)

Coronary Occlusion

3 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Old Healed Myocardial Infarction

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11:40 a.m. 1/20/62

11:40 a.m. 1/20/62

11:40 a.m. 1/20/62

11:40 a.m. 1/20/62

11:40 a.m. 1/20/62

11:40 a.m. 1/20/62

11:40 a.m. 1/20/62

11:40 a.m. 1/20/62

11:40 a.m. 1/20/62

Death occurred at

11:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-23-1962

23c. NAME OF CEMETERY OR CREMATORY

Fee Fee Cemetery

23d. LOCATION (City, town, or county)

Bridgeton, Mo.

24. FUNERAL HOME

BAUMANN BROS. INC. FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

1-24-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

OVERLAND 14, MISSOURI

(See and Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

14031

2400X

3

4

5

6

7

8

9420.1

10

11

1243-2

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

David C. Gibson

Licensed Embalmer No. _____

P. O. Address _____

3454
1450

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.